1655

PTO/SB/22 (10-07)
Approved for use through 10/31/2007, OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PET	PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				Docket Number (Optional) REGIM 3.3-079		
<u> </u>	Application Number 10/567,621-Conf. #1315			Filed	Filed February 8, 2006		
For	VEAST CELL WALLS FOR THE TREATMENT OF RECVENTION OF HYDERGLYCEMIA OR FOR THE						
Art U	Art Unit 1655			Examiner	ner H. L. Anderson		
	is a request under the p cation.	rovisions of 37 CFR 1.136	(a) to extend the peri	od for filing a rep	ly in the above in	dentified .	
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):							
			<u>Fee</u>	Small Entity			
		7 CFR 1.17(a)(1))	\$120	\$60	\$	120.00	
	Two months (3	37 CFR 1.17(a)(2))	\$460	\$230	\$		
	Three months	(37 CFR 1.17(a)(3))	\$1050	\$525	\$		
	Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$		
	Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$		
	Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-1095 I have enclosed a duplicate copy of this sheet. WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
	x attorn	ey or agent of record. Re	egistration Number	33,07	1		
		ey or agent under 37 CFI egistration number if acting o					
	Shawn f. Foly			November 1, 2007			
	Shawn P. Foley			(908) 518-6346			
	Typed or printed name			Telephone Number			
ft V	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
	Total of	1 forms are sub	mitted.				
1/06/2007 CCHAU	1 00000010 121095	10567621					
1 FC:1251	120.00 DA	10007021					
the d Box	reby certify that this paper (al date shown below with suffic 1450, Alexandria, VA 22313 ad: November 1, 2007	ong with any paper referred to a ent postage as First Class Mail, i-1450. Signature:	in an envelope addressed	sed) is being deposit to: MS Amendmen	t, Commissioner for	stal Service on Patents, P.O.	